



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
BISSELL	KATHLEEN	GAY	415-273-0413
MAILING ADDRESS (Street)			FAX
ONE FRONT ST, Ste 550			603-334-7646
(City)	(State)	(Zip Code)	
SAN FRANCISCO	CA	94111	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Liberty Mutual Insurance Group		617-357-9500
MAILING ADDRESS (Street)		FAX
175 Berkeley Street		617-574-5783
(City)	(State)	(Zip Code)
Boston	Massachusetts	02117
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Joseph A. DiGiovanni		617-357-9500
MAILING ADDRESS (Street)		FAX
175 Berkeley Street		617-574-5783
(City)	(State)	(Zip Code)
Boston	Massachusetts	02117

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
<u>INSURANCE</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kathleen Bessell
(Signature of Lobbyist)

12-18-06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Joseph A. DiGiovanni

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

VICE President - Public Affairs

NAME OF ORGANIZATION (if applicable)

Liberty Mutual Insurance Group

TELEPHONE

617-357-9500

MAILING ADDRESS (Street)

175 Berkeley Street

FAX

617-574-5783

(City)

Boston

(State)

Massachusetts

(Zip Code)

02117

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Joseph A. DiGiovanni
(Signature of Authorizing Officer or Person Represented)

Jan 4, 2007
(Date)